

Please type a plus sign (+) inside this box →



PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p align="center">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Assistant Commissioner for Patents Alexandria, VA 22313-1450</p>	Application Number	10589108
	Filing Date	August 10, 2006
	First Named Inventor	Olivier J.M. Hus
	Group Art Unit	2611
	Examiner Name	N/A
	Attorney Docket Number	GB040039US1

Please change the Correspondence Address for the above-identified application to:						<p align="center">24737</p> <p align="center">PATENT TRADEMARK OFFICE</p>
<input checked="" type="checkbox"/> Customer Number →						
<p align="center"><i>Type Customer Number here</i></p>						
<p>OR</p>						
<input type="checkbox"/> Firm or Individual Name		PHILIPS INTELLECTUAL PROPERTY & STANDARDS				
Address		345 Scarborough Road				
Address		P.O. Box 3001				
City	Briarcliff Manor	State	New York	ZIP	10510-8001	
Country	USA					
Telephone	(914) 333-9642		Fax	(914) 332-0615		
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>						
Typed or Printed Name		Michael E. Marion				
Signature		/Michael E. Marion/				
Date		May 30, 2007				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.